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**** CONTINUING DATA *******

This application is a CIP of 09/931,528 08/16/2001 PAT 6,569,085
 and is a CIP of 09/891,775 06/25/2001 PAT 6,716,226
 and claims benefit of 60/292,419 05/21/2001
 and is a CIP of 09/730,911 12/06/2000 PAT 6,551,315

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/DARWIN P EREZO/ Examiner's Signature	Initials		FL	18	25	3

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TITLE

METHODS FOR THE ENDOLUMINAL TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE (GERD)

FILING FEE RECEIVED 1017	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit